Uniformed Professional Fire Fighters Association of Connecticut

AFFILIATED WITH INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

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Good afternoon Senator Hartley, Representative Dargan and members of the Public Safety and Security Committee. My name is Paul Rapanault. I am the Director of Legislation/Political Affairs of the Uniformed Professional Fire Fighters of Connecticut. The UPFFA represents 4,000 career fire fighters, Emergency Medical Technicians and dispatchers in nearly 60 municipal and state local unions.

I am here today to ask your <u>support</u> for **Senate Bill 5533, AN ACT CONCERNING WORKERS' COMPENSATION COVERAGE FOR PUBLIC EMPLOYEES WITH POST-TRAUMATIC STRESS DISORDER.**

Exposure to events that many people would consider to be traumatic is relatively routine in the day-to-day occupation of fire fighters. Confronting severe injury and death following fire, motor vehicle accidents, industrial accidents, domestic violence, murder, or terrorist attacks is not uncommon during the course of a firefighter's year.

Acute Stress Disorder is differentiated from Post Traumatic Stress Disorder primarily by the time in which it occurs- the first 30 days following exposure to a trauma or critical incident. This disorder involves many of the same symptoms seen in PTSD including the symptoms of nightmares, intrusive thoughts, avoidance and arousal, anger and irritability, sleep and concentration difficulties. If these symptoms continue 30 days after the trauma an individual may be at greater risk for PTSD. Therefore, timely and appropriate treatment is critical to the health of fire fighters confronting such situations. The fire service's Critical Incident Stress Teams offer immediate and peer support instrumental in helping fire fighters cope with difficult incidents. These interventions however, are short term and if additional help is needed, the fire fighter must seek further assistance. If health insurance is available, the cost of additional treatment can be borne by it. However, most health insurance coverage is limited and once exhausted, the fire fighter is on his/her own. In addition, if coverage is expended on such work related incidents, needed coverage for family or none work related needs will be unavailable.

Prior to the 1993 Workers' Compensation 'Reforms', coverage for mental health needs were readily available to workers'. That is no longer the case and aside from fire fighter's witnessing the death of a fellow fire fighter, PTSD is not recognized as a work related condition. This is just plain wrong.

Without fail, fire fighters are on the frontline, the first to respond to a disaster. In addition, fire fighters often stay on the disaster scene for days and weeks if a lengthy recovery operation is necessary. When the magnitude and scope of trauma is great, the demands on the fire fighter's time, strength and energy is equally great. Oftentimes the physical and emotional demands of rescue and recovery do not allow the fire fighter to attend to his or her own needs. Fire fighters will often take shortcuts with their sleep, their nutrition and connection to their families in the aftermath of disasters. These shortcuts can short-circuit physical and psychological health. Hours and days on the scene of a disaster can take a heavy emotional toll. Unexpectedly

gruesome sights, mass causalities or loss of friends or family during a disaster can put even the most senior and seasoned fire fighter at risk for acute stress disorder or PTSD.

An appreciative community's gratitude toward fire fighters often comes with the label of "hero". In fact, many of fire fighter's actions at the scene of a fire, accident or disaster are indeed heroic. But the label can come with an unintended side effect making fire fighters feel that they themselves should not require help. But the medical and psychiatric professions know better, and so do you. We urge you to <a href="mailto:supportant-supportant

Thank you for your consideration.

Paul J Rapanault, Legislative/Political Affairs